

STATEMENT FOR PAYMENT OF SUBSTITUTE  
REPORTING SERVICES

In the absence of \_\_\_\_\_, reporter for  
Judge \_\_\_\_\_ of the \_\_\_\_\_  
County District Court; I served as substitute reporter as detailed below:

<u>DATE</u>	<u>AMOUNT CLAIMED</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Total Claimed: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reporter's Signature:  
  
\_\_\_\_\_

Judge's Signature:  
  
\_\_\_\_\_